

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

09/521588

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	10					
TOTAL CLAIMS	12					

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

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